


GOUVERNEUR CENTRAL SCHOOL DISTRICT
133 East Barney Street
Gouverneur, New York 13642
PHONE: (315) 287-4870

APPLICATION FOR ABSENTEE BALLOT

Application must be received by the District Clerk at least seven (7) days before the vote if the ballot is to be mailed to the voter, or the day before the vote, if the ballot is to be delivered personally to the voter.

STATE OF NEW YORK
TOWN OF GOUVERNEUR
COUNTIES OF ST. LAWRENCE AND JEFFERSON

I, _____, being duly sworn say:

I reside at _____
Street or Road Address ("911 Address")

Town or Village, State, Zip Code

and I am a qualified voter of the Gouverneur Central School District in which I reside, and that I am or will be on such date, over 18 years of age, a citizen of the United States and have or will have resided in the district for thirty days next preceding such date.

I will be unable to appear to vote in person the day of the School District election for which the absentee ballot is requested, in good faith, due to (check one reason):

- Travel outside the county or city of residence for employment or business reasons, studies, or vacation.
- Illness or physical disability, including the potential for the contraction of COVID-19.
- Hospitalization.
- Incarceration for other than conviction of a felony.

APPLICANT MUST SIGN BELOW:

I certify that I am a qualified voter; and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Date Signature of Voter Phone

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

Date Name of Voter Mark

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Date Signature of witness to mark

Printed name and address: